

Pleasant Valley State Prison
Victor Hernandez
K-31659#D3-128-lower
P.O. Box 8504
Coalinga, CA 93210

FILED
2008 MAR 14 A 8:18
RICHARD W. WIERING
CLERK
U.S. DISTRICT COURT
NO. DIST. OF CA., S.J.

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

Plaintiff,

vs.

Victor Roger Hernandez
Defendant.

08-1154 JF
CASE NO. Super ct #186850

**PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS**

I, Victor R. Hernandez, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

If the answer is "no," state the date of last employment and the amount of the gross and net salary

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1 and wages per month which you received. (If you are imprisoned, specify the last place of
2 employment prior to imprisonment.)
3 _____
4 _____
5 _____

6 2. Have you received, within the past twelve (12) months, any money from any of the following
7 sources:

- 8 a. Business, Profession or Yes ___ No X
9 self employment
10 b. Income from stocks, bonds, Yes ___ No X
11 or royalties?
12 c. Rent payments? Yes ___ No X
13 d. Pensions, annuities, or Yes ___ No X
14 life insurance payments?
15 e. Federal or State welfare payments, Yes ___ No X
16 Social Security or other govern-
17 ment source?

18 If the answer is "yes" to any of the above, describe each source of money and state the amount
19 received from each.
20 _____
21 _____

22 3. Are you married? Yes X No ___

23 Spouse's Full Name: Shirley Ann Hernandez

24 Spouse's Place of Employment: unemployed

25 Spouse's Monthly Salary, Wages or Income:

26 Gross \$ _____ Net \$ _____

27 4. a. List amount you contribute to your spouse's support : \$ _____

28 b. List the persons other than your spouse who are dependent upon you for support

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and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

5. Do you own or are you buying a home? Yes ___ No ☒

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes ___ No ☒

Make _____ Year _____ Model _____

Is it financed? Yes ___ No ___ If so, Total due: \$ _____

Monthly Payment: \$ _____

7. Do you have a bank account? Yes ___ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes ___ No ☒ Amount: \$ _____

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No ☒

8. What are your monthly expenses?

Rent: \$ _____ Utilities: _____

Food: \$ _____ Clothing: _____

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

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10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ____ No ____

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE

SIGNATURE OF APPLICANT

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- e. Gifts or inheritances: ☐ Yes ☒ No
- f. Any other sources: ☐ Yes ☒ No

If the answer to any of the above is "yes," describe by that item each source of money. Also state the amount received **and** what you expect you will continue to receive. Please attach an additional sheet if necessary.

4. Do you have cash (includes balance of checking or savings accounts)? ☐ Yes ☒ No

If "yes" state the total amount: _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "yes" describe the property and state its value: _____

6. Do you have any other assets? ☐ Yes ☒ No

If "yes," list the asset(s) and state the value of each asset listed: _____

7. List all persons dependent on you for support, stating your relationship to each person listed and how much you contribute to their support.

I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. section 1915(b)(2).

2-26-08
DATE

[Signature]
SIGNATURE OF APPLICANT

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0 on account to his/her credit at Prison Valley State Prison (name of institution). I further certify that during the past six months, the applicant's average monthly balance was \$ 43.75. I further certify that during the past six months, the average of monthly deposits to the applicant's account was \$ 58.33.

(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months).

2/27/08
DATE

[Signature]
SIGNATURE OF AUTHORIZED OFFICER

(Form Last Revised 09/18/03)

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Oalinga, CA 93210

BAKERSFIELD CA 933
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United States District Court
Northern District of California
San Jose District of Santa Clara
280 South First #3035

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